

Indian Health Diabetes Best Practices—



Cardiovascular Disease

Indian Health Service Division of Diabetes Treatment and Prevention
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Is a Best Practice Cardiovascular Disease Program right for your diabetes program?

➔ Do you want your diabetes program to be better at:

1. Raising awareness about cardiovascular disease (CVD)?

Yes No

What you will be doing: Conducting community campaigns ♦ Distributing newsletters and other materials ♦ Making community presentations about preventing CVD

Who will be doing it: Community program staff ♦ Health care providers ♦ Organization leaders

2. Assessing smoking status?

Yes No

What you will be doing: Implementing the “5 A’s”: **A**sk if the person is a smoker; **a**ssess interest in quitting; **a**dvice the person to quit; **a**ssist by setting a quit date; and **a**rrange for follow-up ♦ Providing counseling ♦ Implementing a smoking cessation program

Who will be doing it: Community program staff ♦ Health care providers

3. Helping patients with weight management?

Yes No

What you will be doing: Encouraging a weight loss of 1–2 pounds per week ♦ Referring patients to a registered dietitian for medical nutrition therapy ♦ Promoting daily exercise ♦ Assessing the patients need for exercise testing ♦ Developing individualized exercise goals

Who will be doing it: Community program staff ♦ Health care providers

4. Assessing patients' emotional health?

Yes No

What you will be doing: Screening the patient for mental health issues, such as depression

Who will be doing it: Community program staff ♦ Health care providers

5. Assessing, controlling, and treating CVD risk factors?

Yes No

What you will be doing: Measuring **blood pressure** at every visit ♦ Using lifestyle and behavioral approaches and medication (as needed) to treat patients with **high blood pressure** (hypertension) ♦ Measuring **lipids** at least annually and more often as needed to achieve goals ♦ Encouraging lifestyle modification and medication therapy (as needed) to achieve **lipid** goals ♦ Recommending **aspirin therapy** as primary and secondary CVD prevention in all patients without contraindication ♦ Conducting annual (at minimum) screening of urine to detect **microalbuminuria** or **proteinuria**, and treat with ACE inhibitors if necessary ♦ Evaluating and treating **anemia** ♦ Assessing, evaluating, and treating **sleep apnea** ♦ Measuring **A1c** at least two times a year in patients who have stable blood sugar levels, and quarterly in patients who do not have stable blood sugar levels

Who will be doing it: Community program staff ♦ Health care providers

➔ If you answered “Yes” to many of these questions, go to page 2 to learn how a Best Practice Cardiovascular Disease Program can benefit your diabetes program!

What is cardiovascular disease (CVD)?

CVD refers to any abnormal condition that is characterized by a problem in heart or blood vessel function. CVD includes atherosclerosis (e.g., coronary heart disease, which can lead to heart attacks), cerebrovascular disease (e.g., stroke), and high blood pressure.

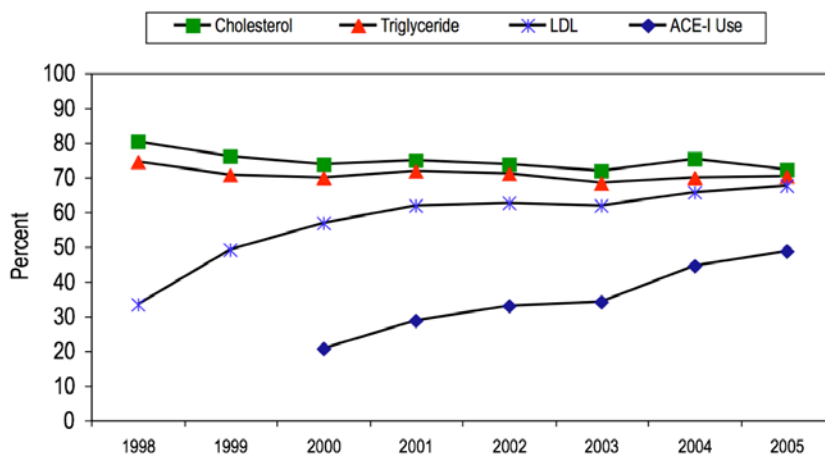
Why is cardiovascular care important to American Indian and Alaska Native communities?

- Diabetes significantly contributes to and is a major risk factor for CVD, which is the major cause of death in people with diabetes.
- American Indians and Alaska Natives are at particular risk for CVD. They have a higher prevalence and increasing incidence of diabetes and CVD as compared with other U.S. populations.
- People with diabetes are at 2–4 times higher risk for CVD as compared with people without diabetes.
- Unlike other ethnic groups, the incidence of coronary heart disease is increasing in American Indians and Alaska Natives.

The good news about cardiovascular care...

CVD risk reduction interventions can help reduce complications and death related to CVD. CVD interventions can also improve overall health and quality of life. In fact, most diabetes prevention efforts, like physical activity and healthy eating, also prevent CVD.

Lipid levels measured and ACE inhibitor use, 1998–2005



Source: IHS Division of Diabetes Treatment and Prevention Statistics, 1998–2005

CVD risk reduction interventions, such as measuring lipid levels and prescribing ACE inhibitors, for people with high blood pressure (hypertension) can help reduce complications and death related to CVD. How does your CVD program compare?

A Best Practice Cardiovascular Disease Program will require a coordinated approach. Here are some tips on how health care providers, community programs, health care administrators, and tribal leadership can work together.

➔ Working together to improve cardiovascular care:

1. Who can help?

Ask for and enlist support from: Cardiologists, who are physicians who have received special training in cardiovascular care ♦ Certified diabetes educators ♦ Registered dietitians ♦ Community programs, such as senior centers, walking and running groups, and recreation centers ♦ Local businesses, such as grocery stores and restaurants ♦ Public health agencies ♦ American Heart Association

2. Why is it important to work together?

Working with clinic, community, and leadership partners will help you: Leverage resources ♦ Avoid duplicating services ♦ Share staff, ideas, and resources ♦ Get support for your common goal of improving the health of your community

3. How can you work together?

Work with your partners to: Share what you are doing ♦ Determine what each partner will do ♦ Assign tasks and timelines ♦ Plan and establish programs and activities ♦ Develop and implement goals and objectives ♦ Design evaluation plans ♦ Maintain regular contact with each other

